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| --- | --- |
|  | **OFFICE OF INTERNATIONAL****PROGRAMS** |
|  T: 541-552-6336 |  F:541-552-8195 |  intprogs@sou.edu | www.sou.edu/international |

**DEPENDENT INFORMATION FORM (For F-2 Visa)**

Please note that F-2 dependents are not authorized to study in the United States

**PART I: Applicant Information:**

**APPLICANT NAME**

|  |  |  |
| --- | --- | --- |
| Last (family/surname) First (given name) |  | Middle Name |
| ♦ Will your spouse come to live with you in the United States? Yes |  No |  |
| ♦ Will your children come to live with you in the United States? Yes |  No |  |

**PART II: Dependent Information:**

If your spouse and/or children will come to SOU with you as F-2 visa holders, please provide the following information:

A COPY OF EACH DEPENDENT’S PASSPORT PAGE MUST BE PROVIDED. Write your dependent’s names as they appear in their passports.

**NAME OF SPOUSE**

Last (family/surname) First (given name) Middle Name

Date of birth

Month/Day/Year

Country of Birth

Country of Citizenship

Gender (female/male)

**NAME OF CHILD**

Last (family/surname) First (given name) Middle Name

Date of birth

Month/Day/Year

Country of Birth

Country of Citizenship

Gender (female/male)

**NAME OF CHILD**

Last (family/surname) First (given name) Middle Name

Date of birth

Month/Day/Year

Country of Birth

Country of Citizenship

Gender (female/male)

**NAME OF CHILD**

Last (family/surname) First (given name) Middle Name

Date of birth

Month/Day/Year

Country of Birth

Country of Citizenship

Gender (female/male)